

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																	
1 Date of Request: <u>7/18/08</u>		2 Serial/Patent # <u>10/522693</u>																																															
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%;"></td><td style="width: 10%; text-align: right;">\$ 100.00</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing		\$ 100.00	<input type="checkbox"/>	Amendment		\$	<input type="checkbox"/>	Extension of Time		\$	<input type="checkbox"/>	Notice of Appeal/Appeal		\$	<input type="checkbox"/>	Petition		\$	<input type="checkbox"/>	Issue		\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$	<input type="checkbox"/>	Maintenance		\$	<input type="checkbox"/>	Assignment		\$	<input type="checkbox"/>	Other		\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 30%; padding: 5px;">5 DATE FILED</td> <td style="width: 40%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="height: 100px; vertical-align: middle; text-align: center; font-size: 4em;"> <div style="transform: rotate(-15deg);">DONE</div> </td> <td></td> <td style="padding: 5px;">           7 TOTAL AMOUNT OF REFUND  <div style="text-align: right; font-size: 1.2em;">\$ 100.00</div> </td> </tr> </table>			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<div style="transform: rotate(-15deg);">DONE</div>		7 TOTAL AMOUNT OF REFUND <div style="text-align: right; font-size: 1.2em;">\$ 100.00</div>
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*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*